

59th Medical Wing



U.S. AIR FORCE

59 MDW Neurosurgery Product Line Analysis

Information Brief
Briefer: LtCol Julian
Date: 28 Feb 05

Integrity - Service - Excellence

Overview

- Revised Financing & Business Plan
- San Antonio Multi-Service Market (SA-MM)
- Centralized Consult Management and Appointing (CAMO)
- Product Line Review

Revised Financing Overview

Prospective Payment System

- **Goal 1:** Provide Care of your Prime Enrollees
 - In-house vs. “make vs. buy” to Private Sector
 - MTF responsible for all PRIME care rendered in both direct care and private sector
- **Goal 2:** Earn Revenue on Fee for Service (FFS) Basis
 - Other MTFs’ Enrollees, Space-A (Active duty and other), Tricare Plus and TRICARE for Life, and MCSC (new)
- **Bottom-line:** We need to take care of our enrollees and meet our business plan targets; Focus on Customer Satisfaction, Access to Care, Productivity, and Data Quality

Business Plan Overview

Actual **59 MDW** Performance

EY04

RVUs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	256,130	16,071	55,388	327,589	79,986	72,278	48,866	104,149	305,279
Target	286,272	25,624	44,248	356,144	94,336	110,488	95,384	74,136	374,344
Diff	(30,142)	(9,553)	11,140	(28,555)	(14,350)	(38,210)	(46,518)	30,013	(69,065)
% Met	89%	63%	125%	22%	77%	44%	109%	140%	82%

RWPs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	2,633	225	344	3,202	1,854	290	3,262	2,877	8,283
Target	2,856	280	368	3,504	2,088	440	4,864	2,072	9,464
Difference	(223)	(55)	(24)	(302)	(234)	(150)	(1,602)	805	(1,181)
% Met	92%	80%	93%	91%	89%	66%	67%	139%	88%

 Bottom-line: **-\$9.4M**

Source: P2R2 Virtual Analyst website

- Performance against targets seen differently for PRIME & FFS patients
- FY04 Targets based on FY02 LOE with no adjustments
- FY05: 25% "At Risk"; FY06: 50%

SA-MM Overview

Goals & Objectives

- San Antonio Multi-Service Market (SA-MM) consists of WHMC, BAMC, Randolph Clinic, and Brooks Clinic
- Goals: Achieve the following desired end states
 - Optimize efficiency between direct and purchased care markets
 - Eliminate duplicate services
 - Increase synergy and cooperation among San Antonio MTFs
 - Ensure patient satisfaction with access and quality service
 - Strengthen Readiness by allocating the appropriate mix of resources
- Objectives
 - Optimize provider mix across specialty lines
 - Move providers and add facility capacity to meet population demands
 - Conduct rigorous business planning for clinical service lines
 - Optimize Third Party Billing, Contracting and Pharmacy
 - Establish a SA-MM Consult, Appointment and Management Office

CAMO Benefits

- Recapture Prime Leakage through more effective utilization of Market resources
- Provide “Entire Market” approach to appointment and referral processes
- Eliminates competition between MTFs and encourages cooperation
 - Encourages consolidation of clinical service lines
 - Facilitates GME (free movement of patients and staff between MTFs)
- Provides single POC for coordination between Purchased Care System and MTFs on referrals

Neurosurgery

Product Line Analysis

- Clinic Description
- Manpower and Staffing
- Readiness/Mobility Taskings
- Access to Care
- Template Review and Workload over Time
- Surgeries
- Private Sector Care/Purchased Care
- Coding Analysis
- Comparison to Civilian Benchmark
- Business Plan Implications
- Third Party Collections

Neurosurgery

Clinic Description

- Level I Neuro trauma support
- Surgical procedures in the treatment of brain or spinal disorders for adult and pediatric patients
 - Brain - brain tumors, brain vascular malformations, cerebral aneurysms, seizure surgery, hydrocephalus, craniofacial disorders, endoscopic surgery
 - Spine – degenerative spinal disorders requiring discectomy or fusion, spinal cord tumors
 - No movement disorder surgery

Neurosurgery

Clinic Description (Con't)

- Skull base team with neurotology (international referral center for acoustic neuromas)
- Center for minimally invasive neurosurgery
- Tumor board (Neuroradiology, Oncology, Radiation oncology, neurology, surgical pathology)
- Craniofacial board (Plastics, ENT, Maxillofacial)
- USAF Epilepsy Center (Neurology, Neurosurgery)
- Spina Bifida clinic (multidisciplinary)
- Aeromedical neurosurgery support for pilot waivers for US and abroad

Neurosurgery

WHMC Support to BAMC

- WHMC provides pediatric neurosurgery support for BAMC which includes all Level I trauma for pediatric patients
- WHMC supports Ft. Hood pediatric neurosurgery patients
- WHMC covered neurotrauma call at BAMC for 3 months in 2004
- WHMC sees active duty Army patient overflow from BAMC

Neurosurgery

GME Responsibilities

- No Neurosurgery Fellowship at WHMC
 - Surgery interns (2) rotate on neurosurgery monthly
 - OR Starts:
 - 2 OR starts/week
 - 1 OR start every 1st and 5th Thursday/month
 - No increase requested due to current critical manning shortage at WHMC
 - Overbooked clinics and surgery backlog > 6 weeks

Neurosurgery

Manpower and Staffing (Con't)

- How does MAPPG06 change authorizations?
 - No change; 3 neurosurgeons authorized to WHMC
- Resource Sharing Agreements/Contractors
 - None at this time
 - Contractor MD would cost \$ 500-700,000/year
- AFMS-wide staffing outlook:
 - Projection for WHMC July 2005; 2 or 3 neurosurgeons, 1 will be deployed to Air Force Theater Hospital in Balad at all times until May 2006

Neurosurgery Staffing

	Authorized					Assigned				
	Mil	GS Civ	K	Total		Mil	GS Civ	Contract	Total	Available Staffing
45S3F	3	0	0	3		4	0	0	4 (2 Avail)	67%
4N051	2	0	0	2		2	0	0	2	100%
4N171	1	0	0	1		1	0	0	1	100%
Admin (4A0X1)	1	0	0	1		1	0	0	1	100%
Secretary 3A051	0	1	0	1		0	0	0	0	0%
Total Support Staff	4	1	0	5		4	0	0	4	80%

4 Physicians

Dr **Grant**

Dr **Warren** - Deployed to Balad Dec-May 05

Dr **Preston**

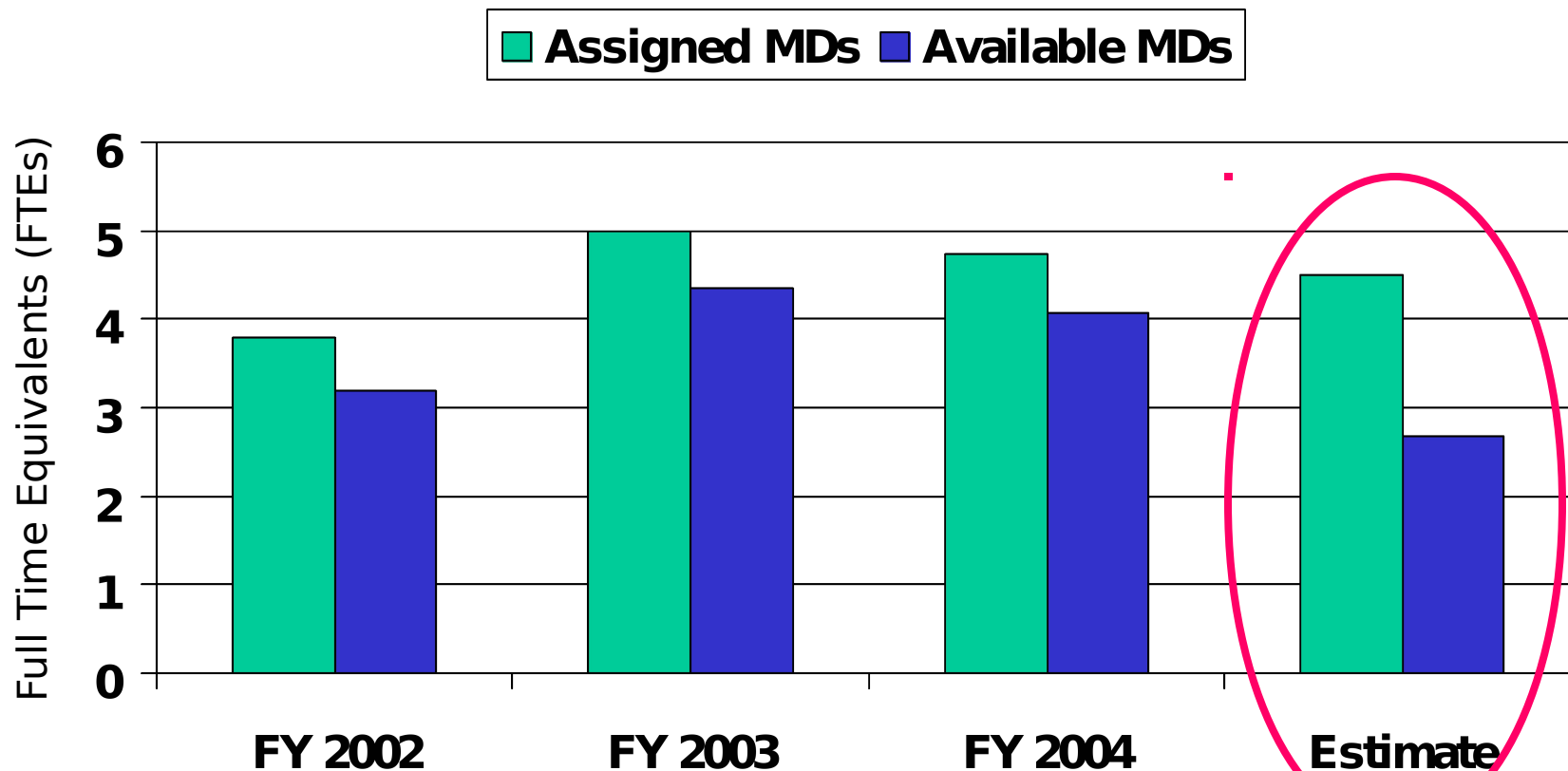
Dr **Garrett** - Not clinically available since Jun 04 (currently at William Beaumont AMC)

Currently only 2 neurosurgeons clinically available currently (Grant & Preston); 1 deployed and 1 de-credentialed)

FY03 and early FY04: 5 providers assigned

Neurosurgery

Assigned/Available MDs (MEPRS)



- FY04 Avg MEPRS: 4.07 avail
- FY05 Estimate: 4 assigned; only 2 are clinically available (2×0.7) = 1.4

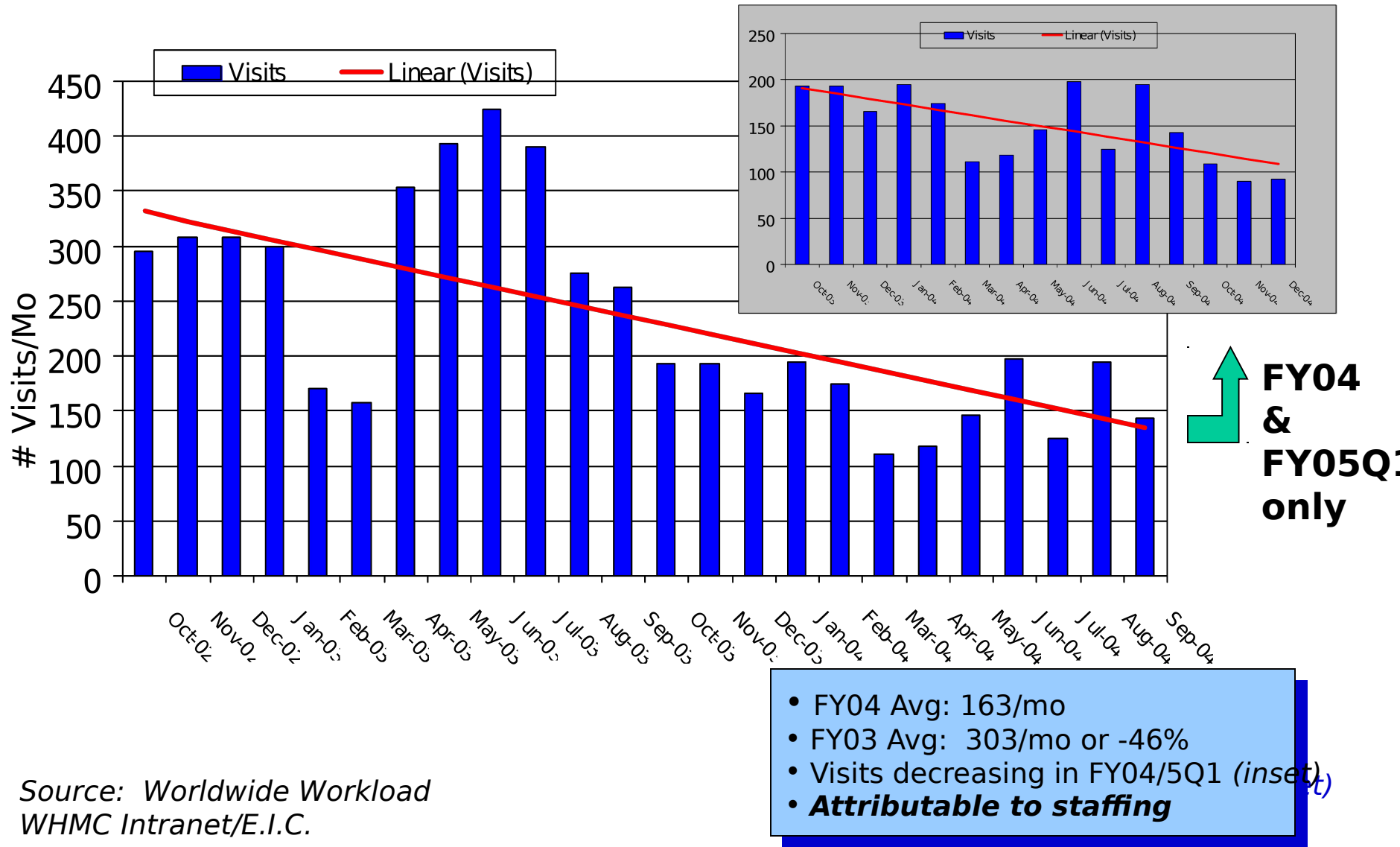
Neurosurgery

Mobility and Other Deployments

- Physician Deployments (SGX Database)
 - FY03: Dr. Preston to Landstuhl Jan-Mar 03
 - FY04:
 - Dr. Warren to Landstuhl Feb-Mar 04
 - Dr. Grant to Landstuhl Mar-Apr 04
 - Dr. Garrett to Landstuhl Apr-May 04
 - FY05: Dr. Warren to Balad Dec-May 05
- Taskings in Turtle Model: As 44M3 (Int Med) Substitute
 - Neurosurg Aug: $1 \text{ in } 9 / 10 = 120 \text{ days in FY06}$
- Humanitarian and Civic Assistance
 - None in SGX database

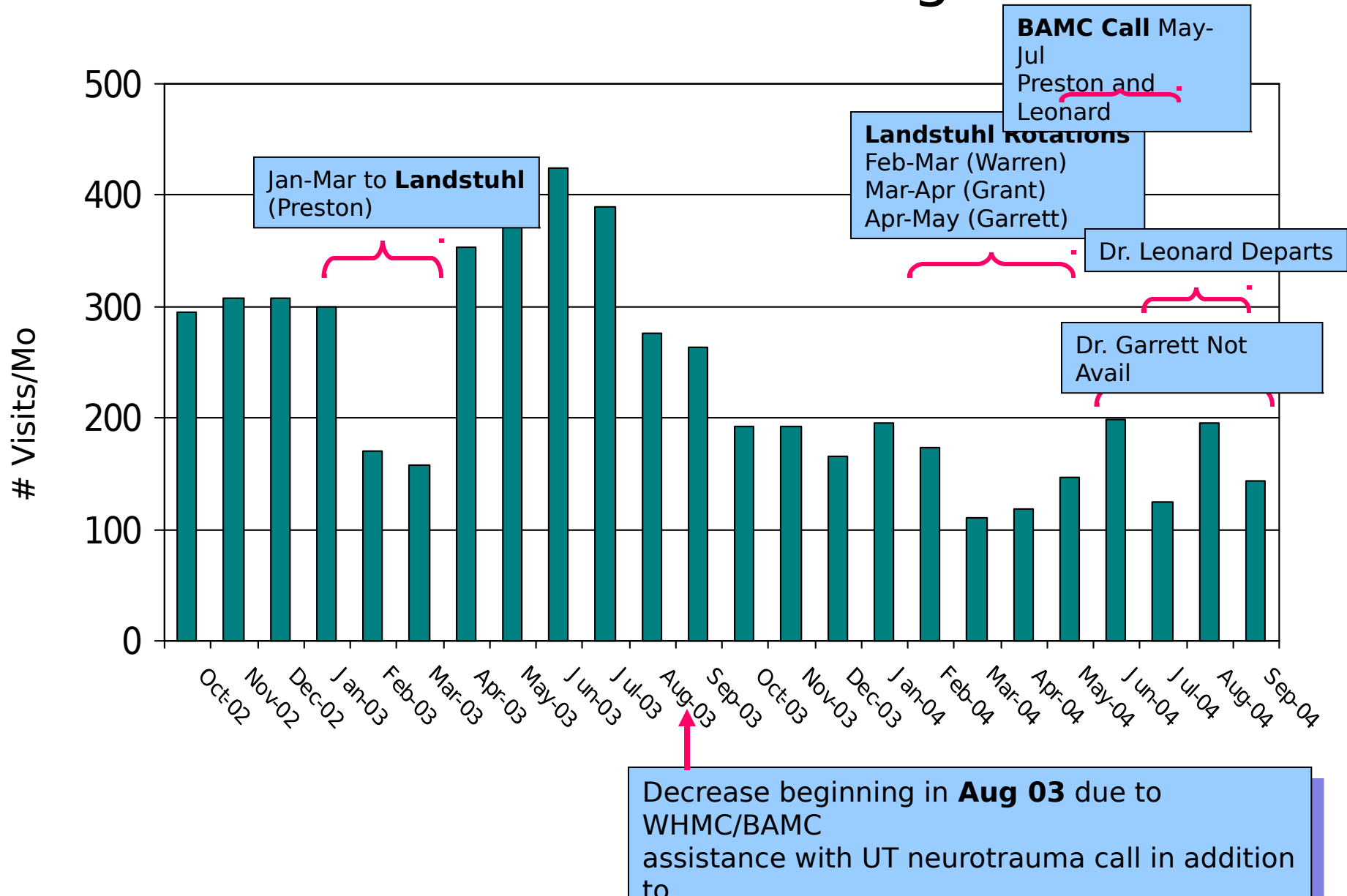
Neurosurgery

Total OP Visits FY03-FY04



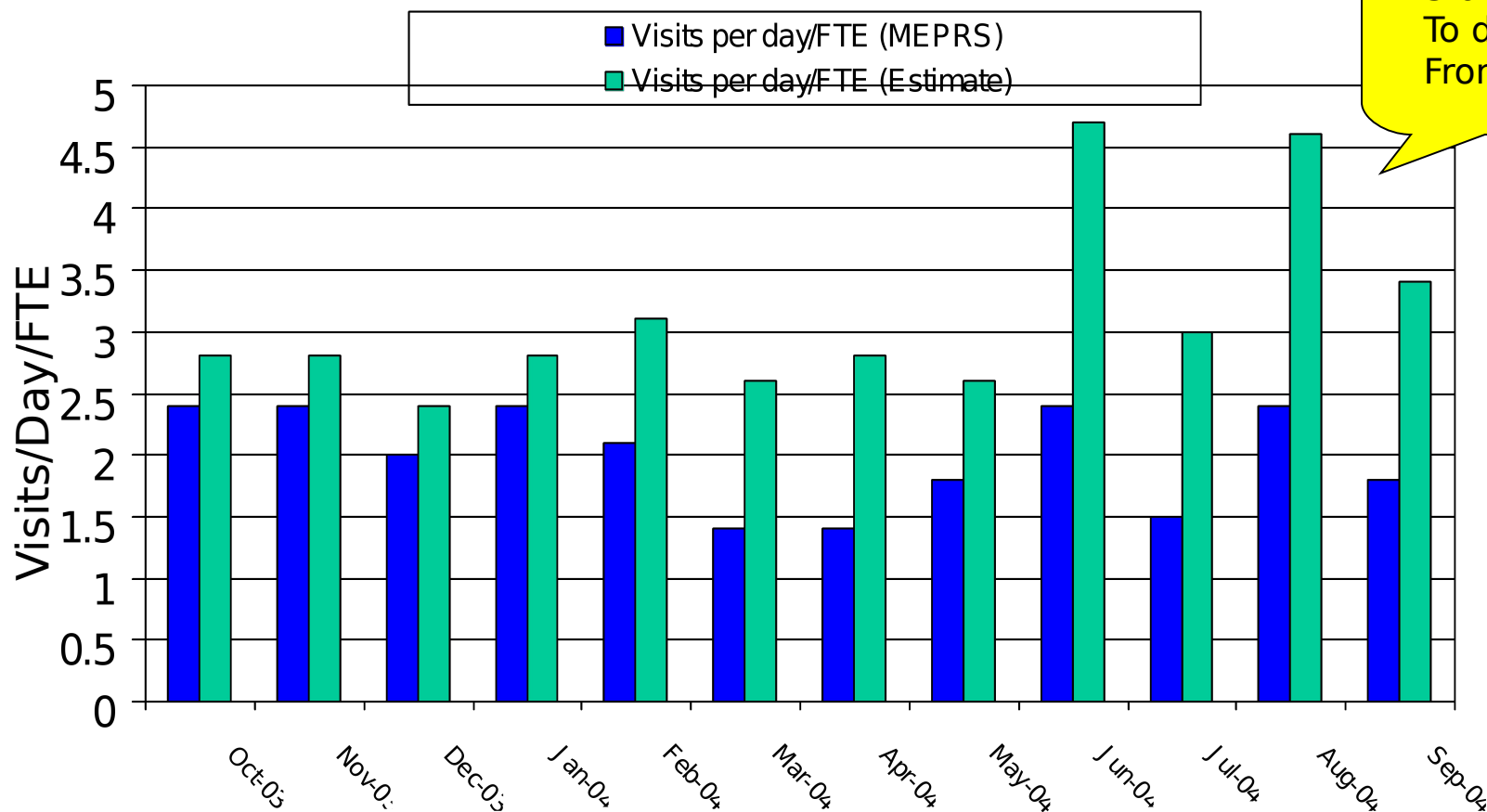
Neurosurgery

Total OP Visits & Staffing Issues



Neurosurgery

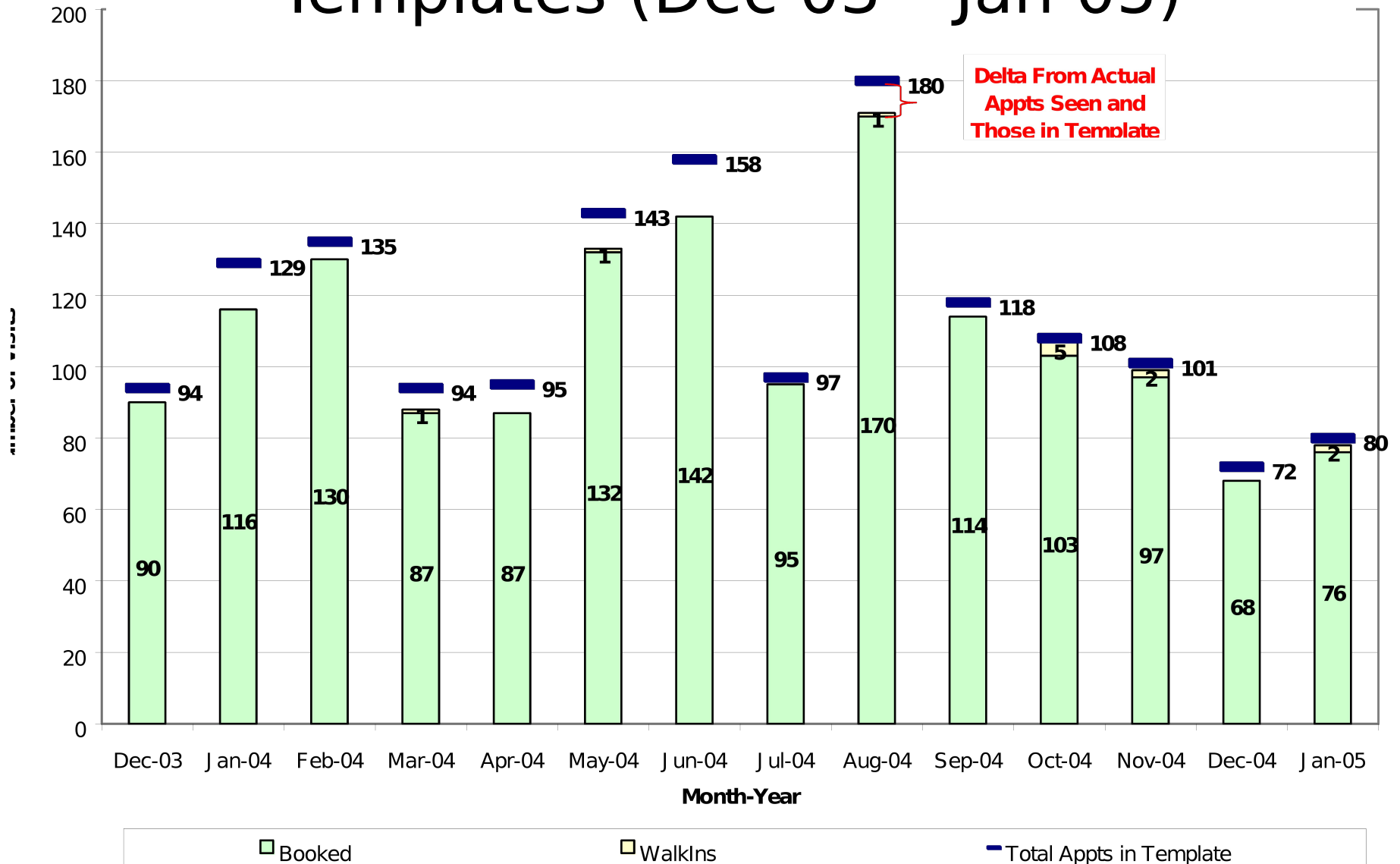
Total OP Visits/Day/FTE



- Monthly x MEPRS Avail @ 20 days/mo
 - This is what Air Staff sees when they look at Visits divided by MEPRS available
- Estimate: AD avail x 0.7 weight
- FY04 Avg: 2.68 Avail overall

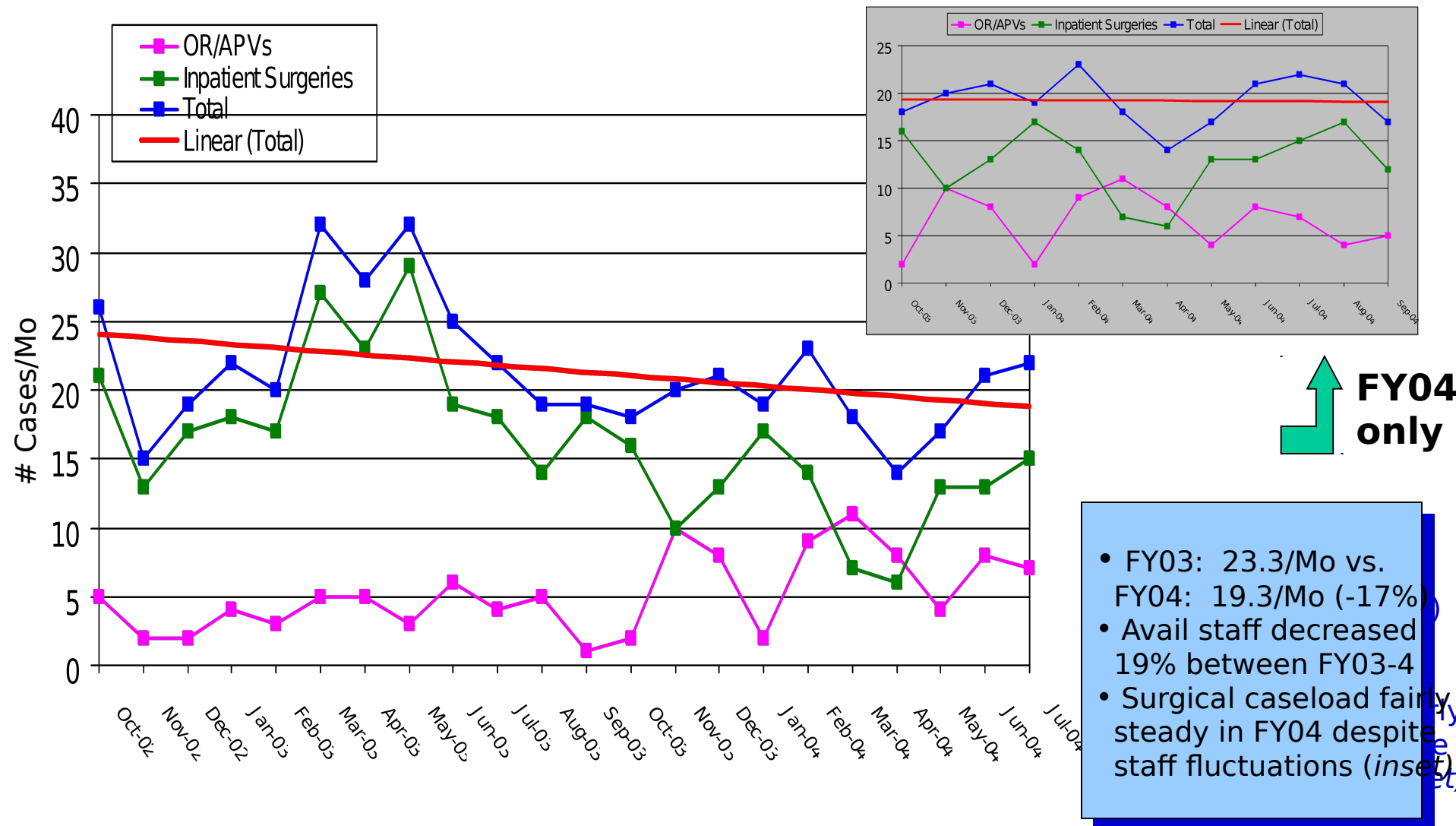
- MEPRS: 2 per day/FTE
- Estimate: 3 per day/FTE
- Ensure MEPRS corrected to give accurate picture of workload

Neurosurgery Clinic Templates (Dec 03 – Jan 05)



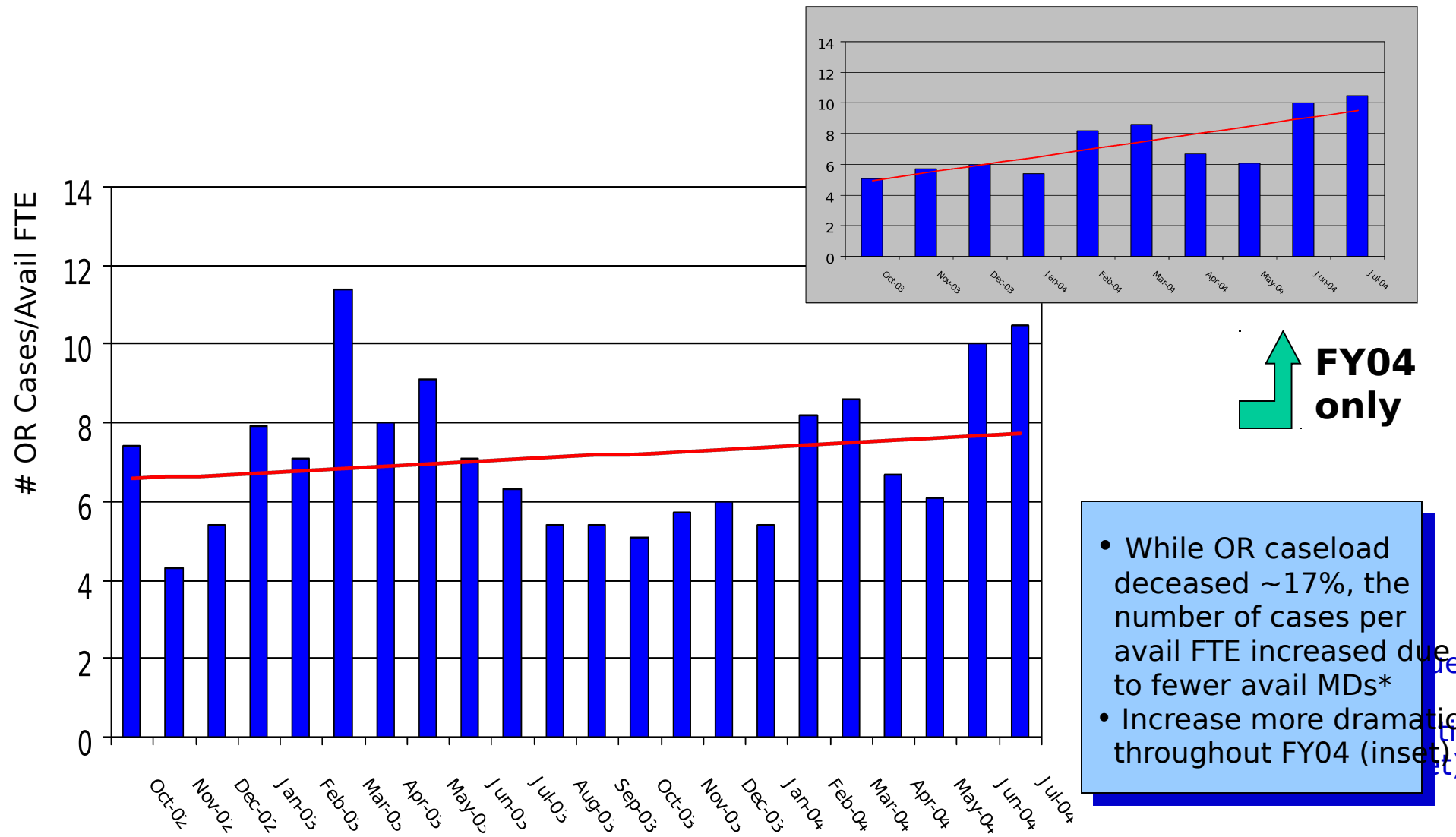
Neurosurgery

Surgeries and OR/APVs FY03-FY04



Neurosurgery

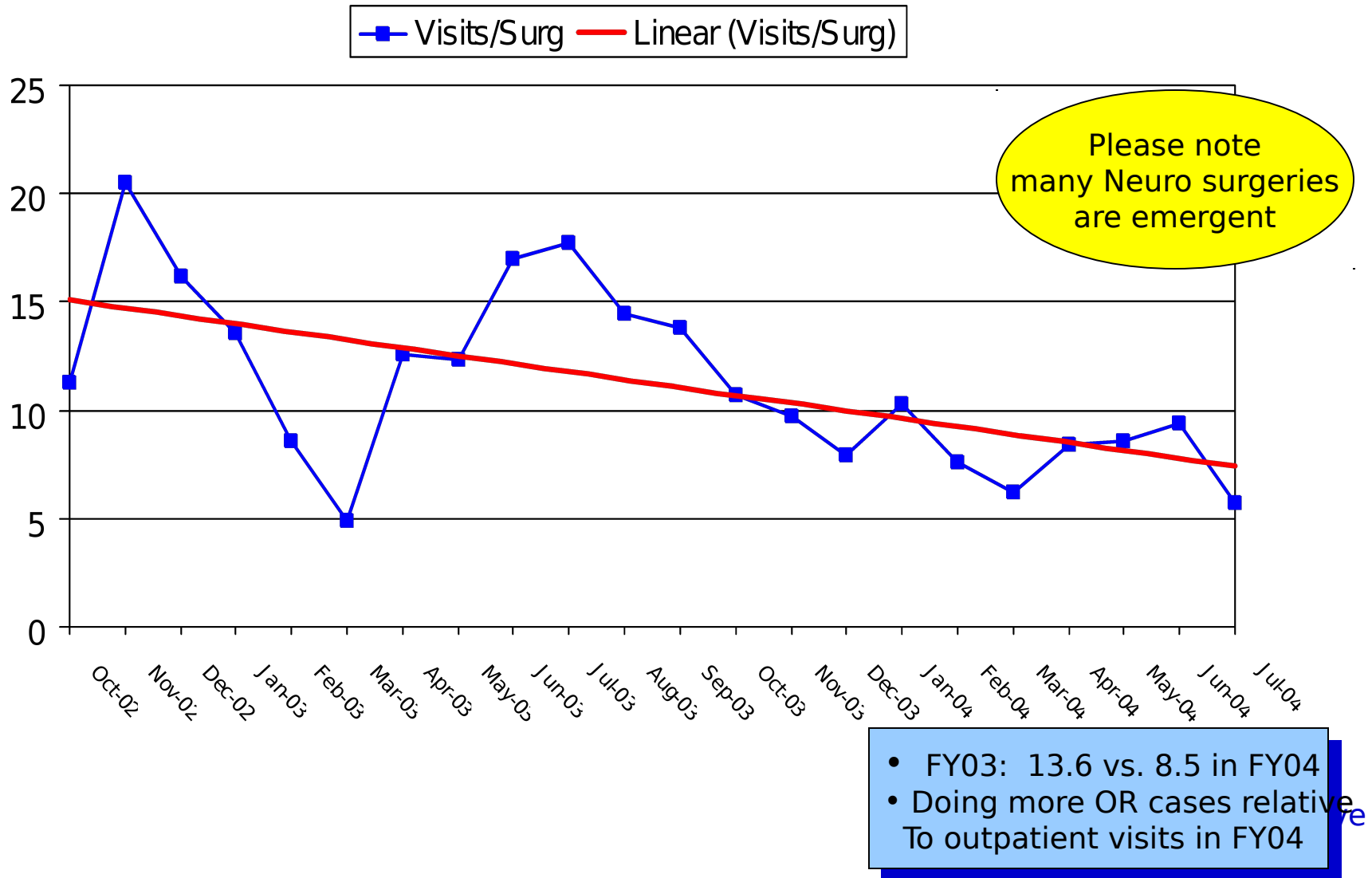
OR Cases/Avail FTE FY03-FY04



* Five to 3

Neurosurgery

Visit per Surgical Procedure FY03- FY04



Neurosurgery

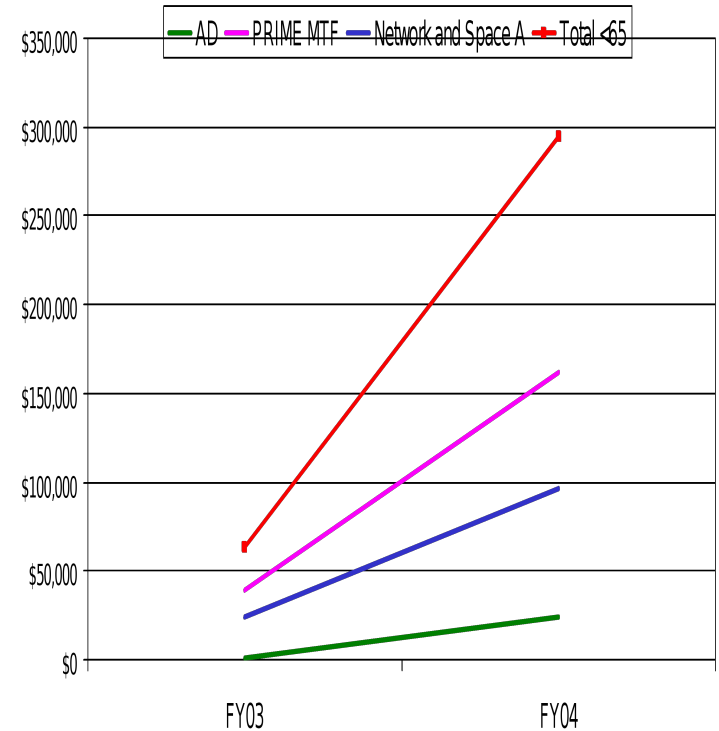
Access to Care

- Standard for Specialty Appointments: 28 days
 - Avg Wait Time: 13.13 (as of Jan 05)

• **Meeting standard**
for routine access to
specialty care

Neurosurgery Purchased Care

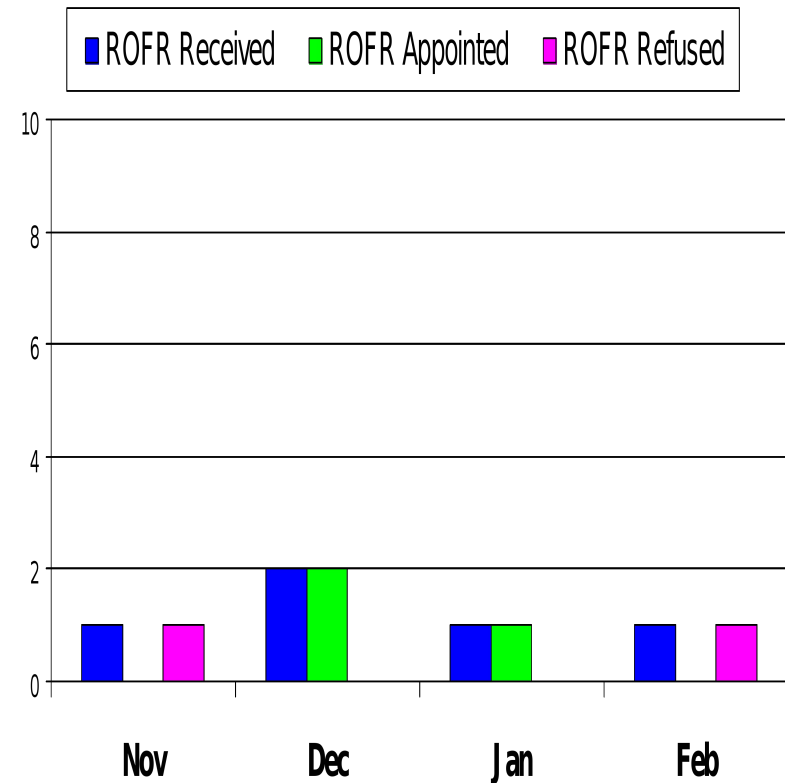
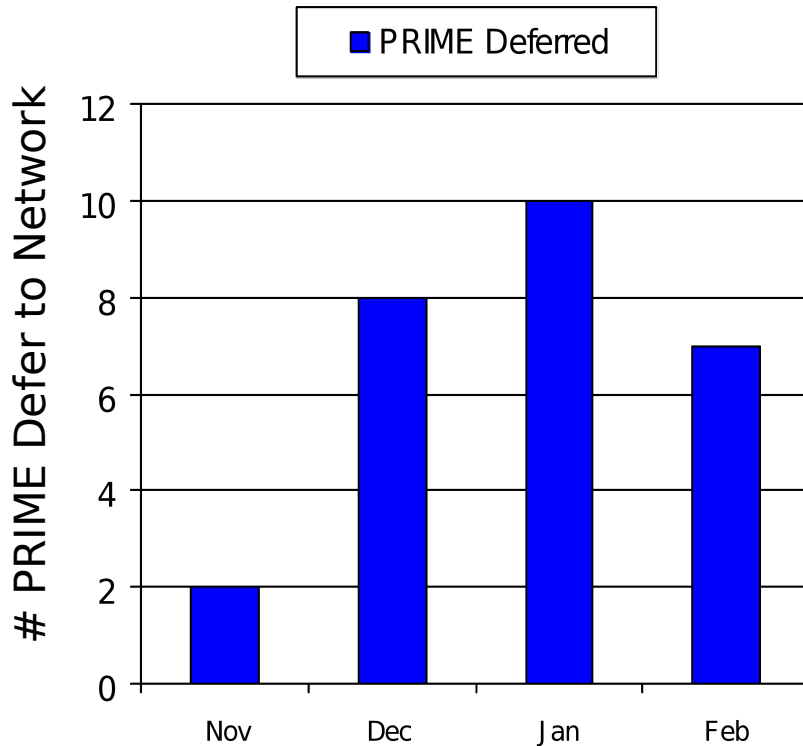
	FY03	FY04	FY05 *
Active Duty	\$ 599	\$ 23,780	\$ 32
BAMC PRIME	\$ 15,182	\$ 115,879	\$ 5,137
WHMC PRIME	\$ 15,864	\$ 19,730	\$ 1,549
RAFB/BAFB PRIME	\$ 8,046	\$ 26,579	\$ 13,315
Network PRIME	\$ 9,662	\$ 44,240	\$ 425
Unenrolled < 65	\$ 14,322	\$ 51,919	\$ 3,391
Total	\$ 63,675	\$ 282,127	\$ 23,849



FY04 claims increased 340% overall and 315% for PRIME. Over half (62%) of PRIME claims are associated with BAMC enrollees

Neurosurgery

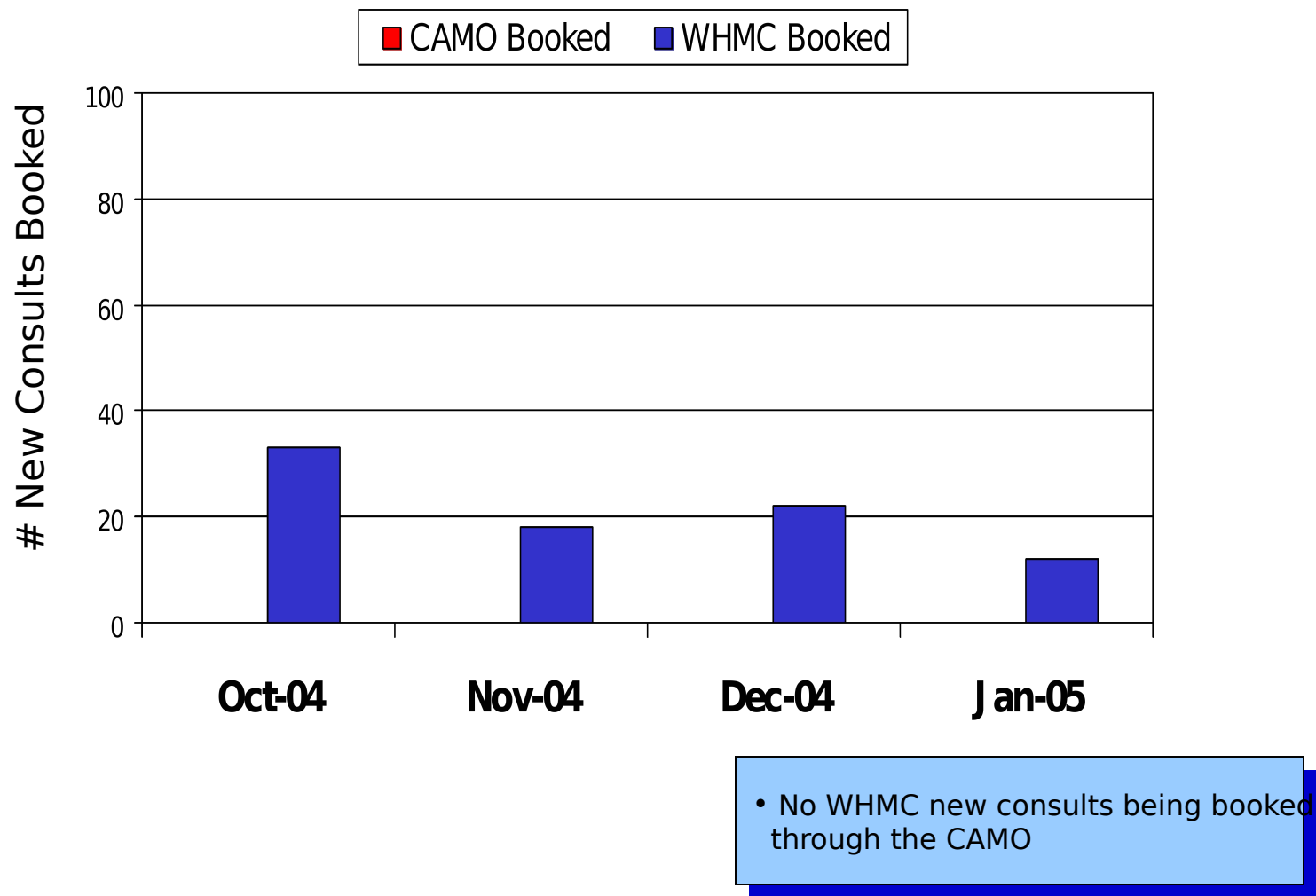
FY05 PRIME Referrals and ROFR*



* *Right of First Refusal*

- 27 PRIME Deferred in since 1 Nov
- 3 of 5 or 60% of ROFR consults appointed

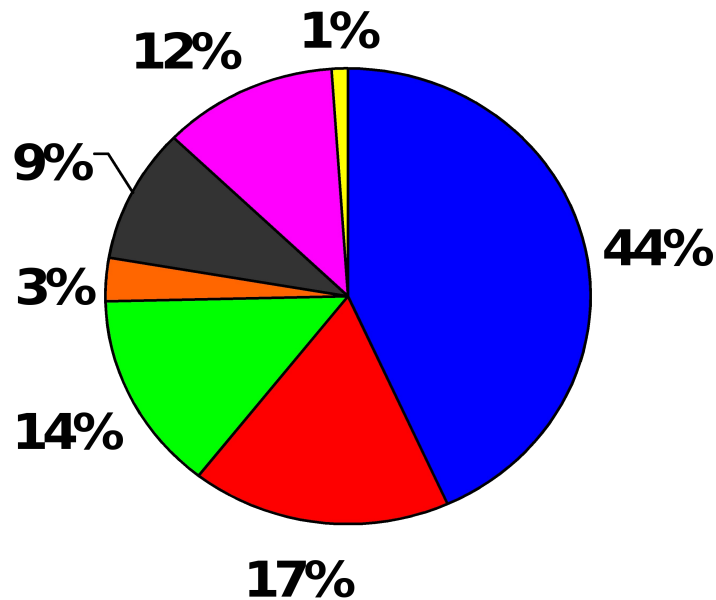
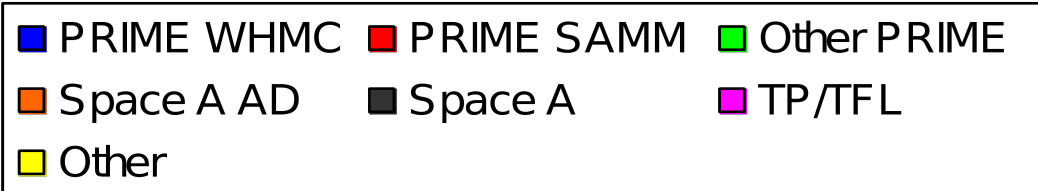
Neurosurgery CAMO Booking



Neurosurgery Coding Analysis

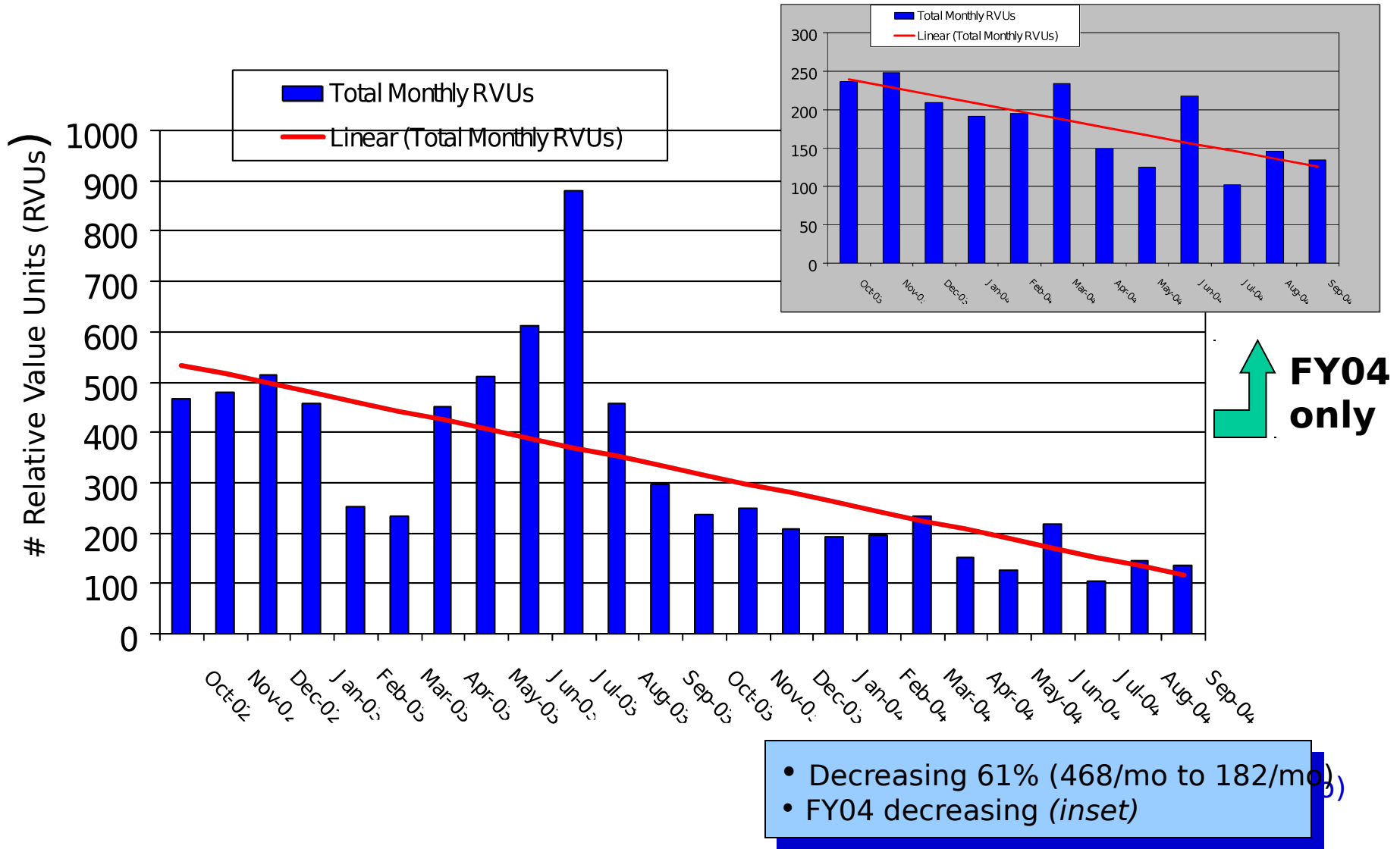
Pending Results from 59 MDSS/CD

Neurosurgery Sources of RVUs



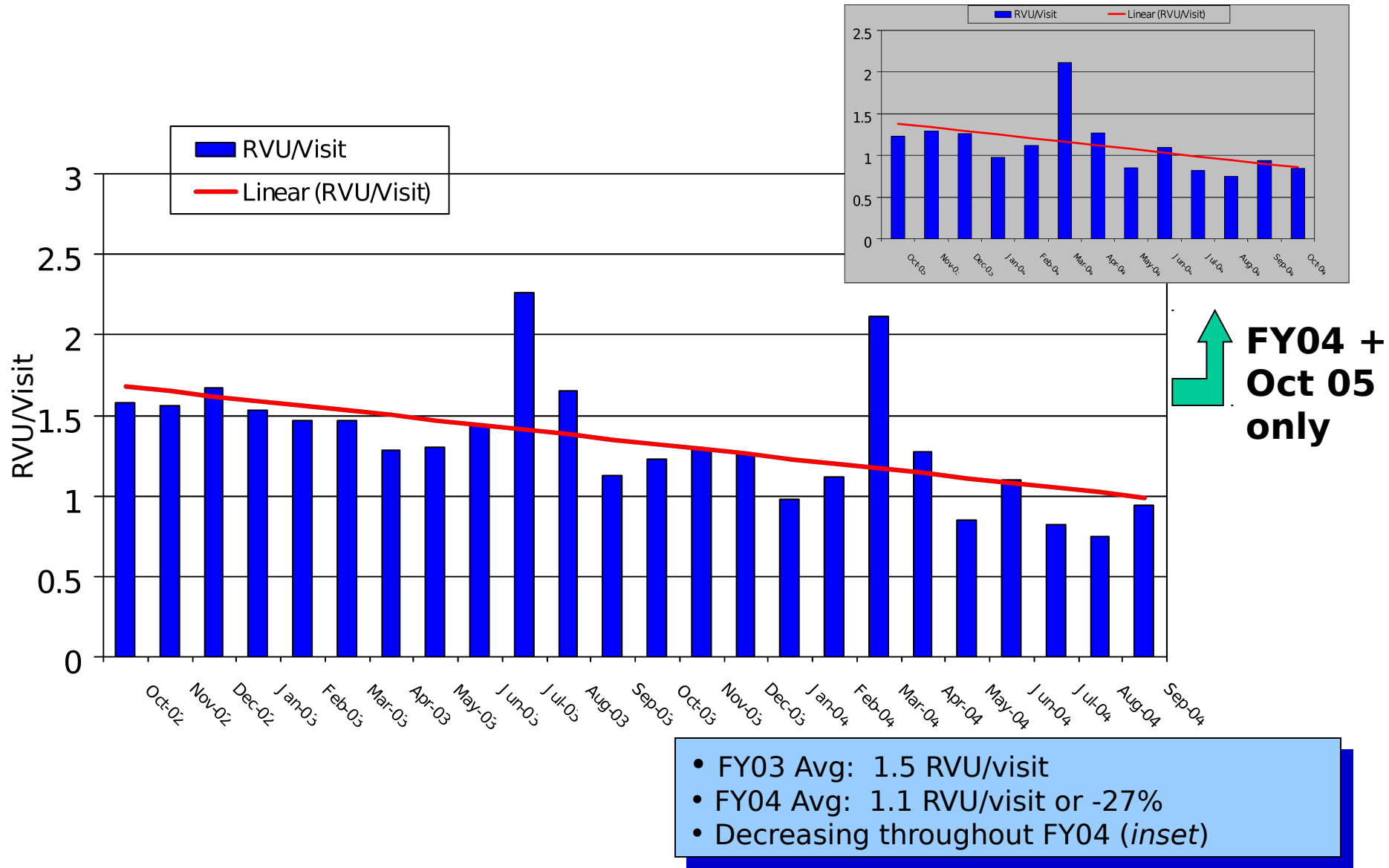
~78% of Neurosurgery
RVUs are generated from
PRIME and AD patients under
age 65

Neurosurgery FY03-FY04 RVUs



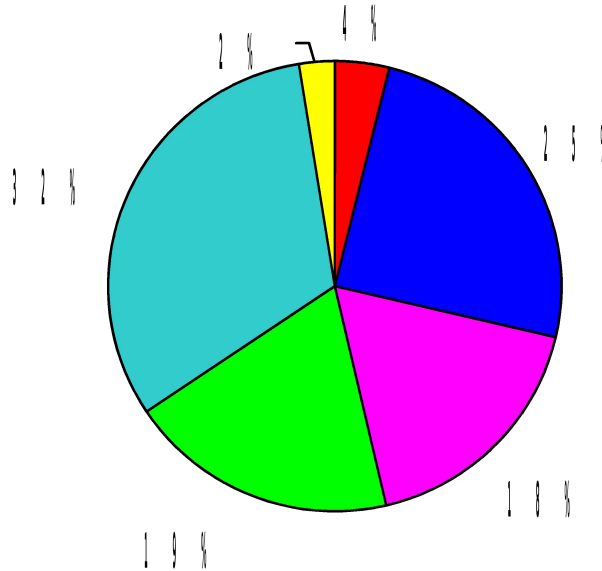
Neurosurgery

RVUs/Visit FY03-FY04

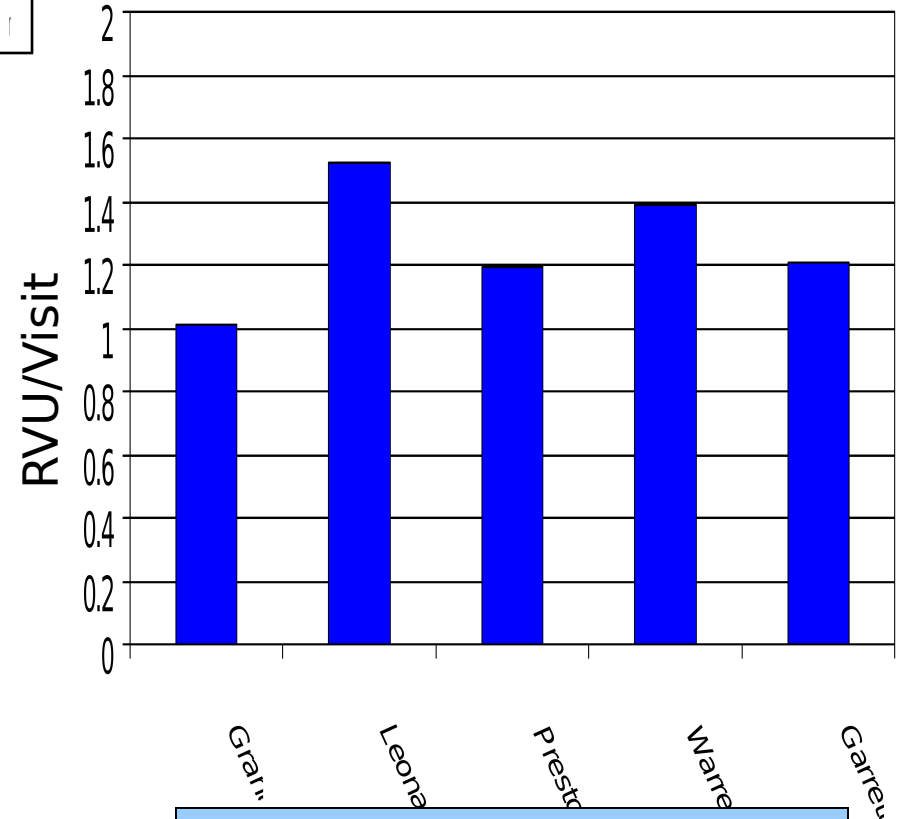


Neurosurgery

RVUs and RVU/Visit* by Provider (FY04)

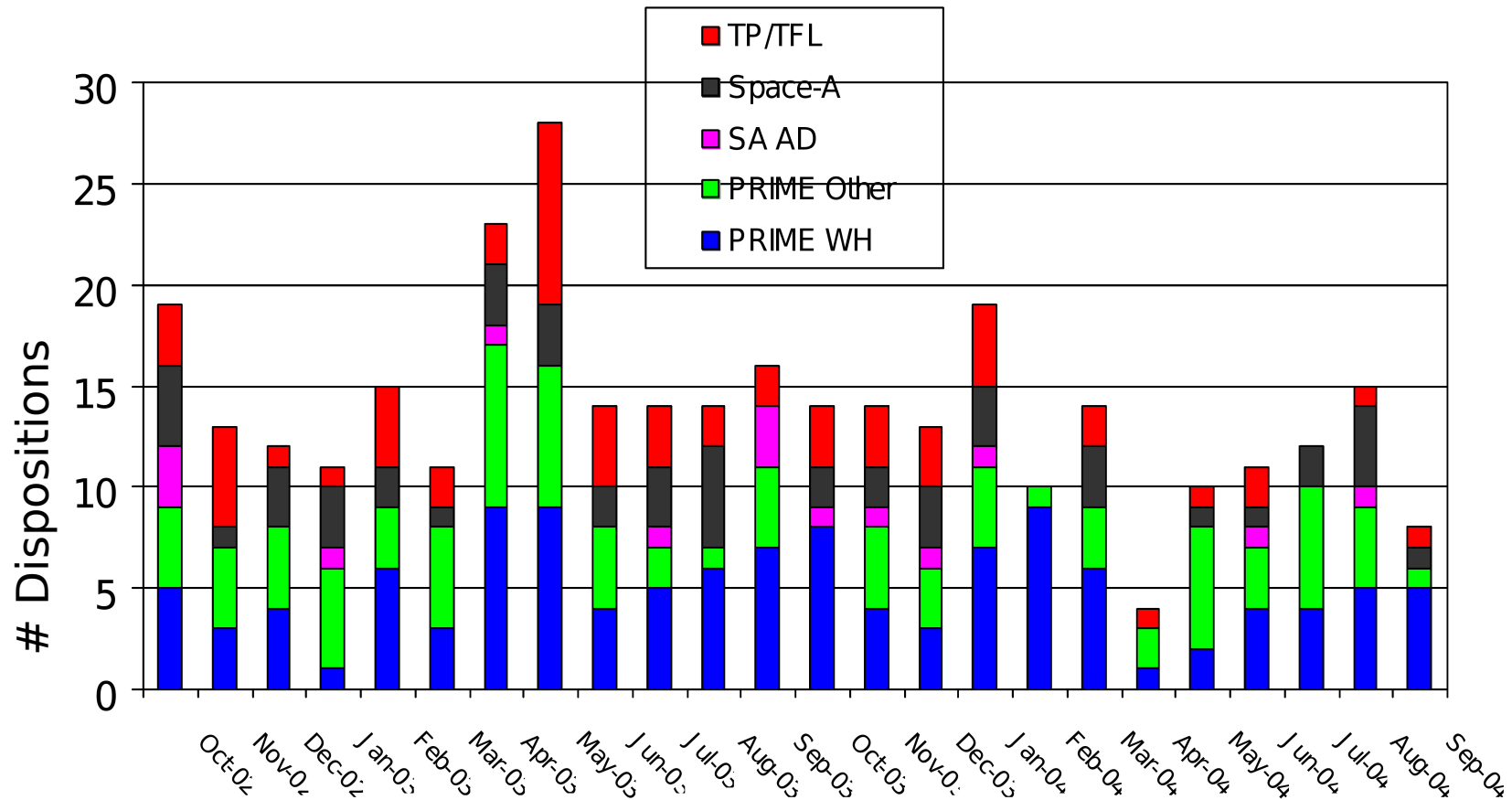


- Dr. Garrett not clinically Available after Jul 04
- “Other” are procedures credited To residents (Garba and Wisemj)



- Coded visits only *
- In FY04, 270 visits in WWWR weren't coded as reflected in M2
 - -\$26K BP implication

Neurosurgery Dispositions by Enrollment Type

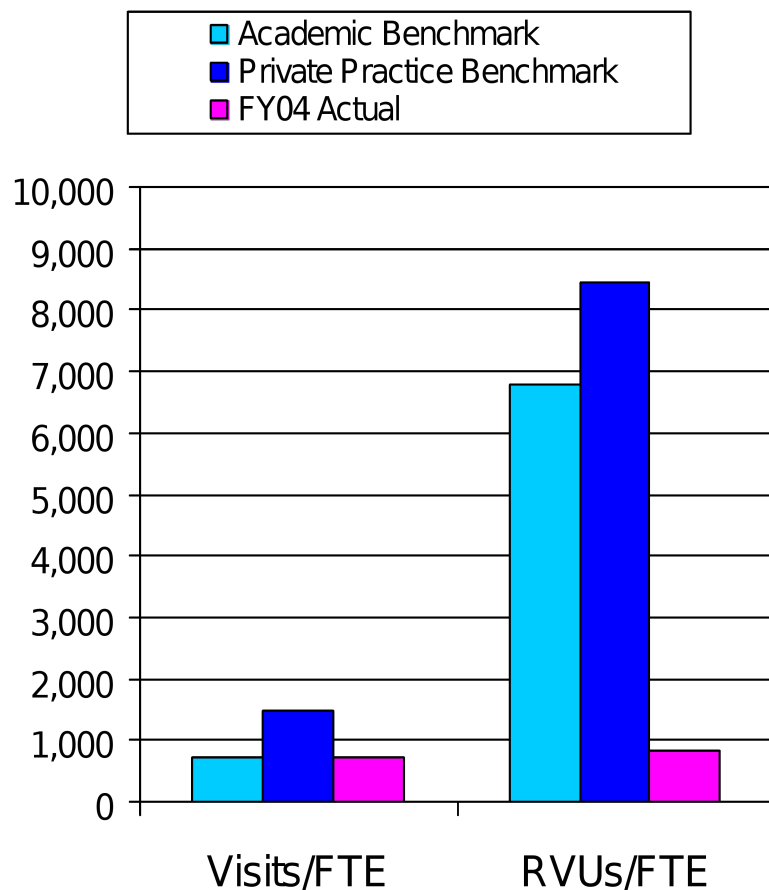


- Avg LOS: 5.5 days
- Avg RWP/Disp: 2.3
- Both > WHMC Avg

- FY03: 16 Dispositions/mo
- FY04: 12 Dispositions/mo

Neurosurgery

Benchmark Comparison per FTE



	Avail per Clinic
#FTEs	2.68
FY04 Visits	1.957
FY04 Visits/FTE	730
PP Benchmark (Visits/FTE)	1.479
% Compared to Acad. Benchmark	49%
FY04 RVUs	2.189
RVU/Visit	1.1
RVU/FTE	817
PP Benchmark (RVUs/FTE)	8.455
% Compared to Acad. Benchmark	10%

- Private Practice benchmark average is 5.7 RVUs/visit
- Academic benchmark shown FYI, only

Neurosurgery Business Plan Goals

- In FY05, your targets based on your FY03 Level of Effort (LOE)
- Goal: *At minimum*, focus on meeting/exceeding your FY04 LOE
 - Your FY04 performance compared to FY03 LOE below

RVUs	FY03	FY04	Difference	\$ Impact @ \$74/RVU
PRIME WHMC	1,890	961	-929	(\$68,762)
Other PRIME	948.72	694	-255	(\$18,849)
Active Duty Unenrolled	137.85	71	-67	(\$4,947)
Space A	1871.56	206	-1,666	(\$123,251)
TP/TFL (age 65+)	764	258	-506	(\$37,460)
Total	5,613	2,190	-3,423	(\$253,269)
RWPs	FY03	FY04	Difference	\$ Impact @ \$6K/RWP
PRIME WHMC	133.1	104	-29.1	(\$174,600)
Other PRIME	88.4	67.8	-20.6	(\$123,600)
Active Duty Unenrolled	11.5	12	0.5	\$3,000
Space A	65.2	96.9	31.7	\$190,200
TP/TFL (age 65+)	78.5	35.6	-42.9	(\$257,400)
Total	376.7	316.3	-60.4	(\$362,400)

Minimum FY05

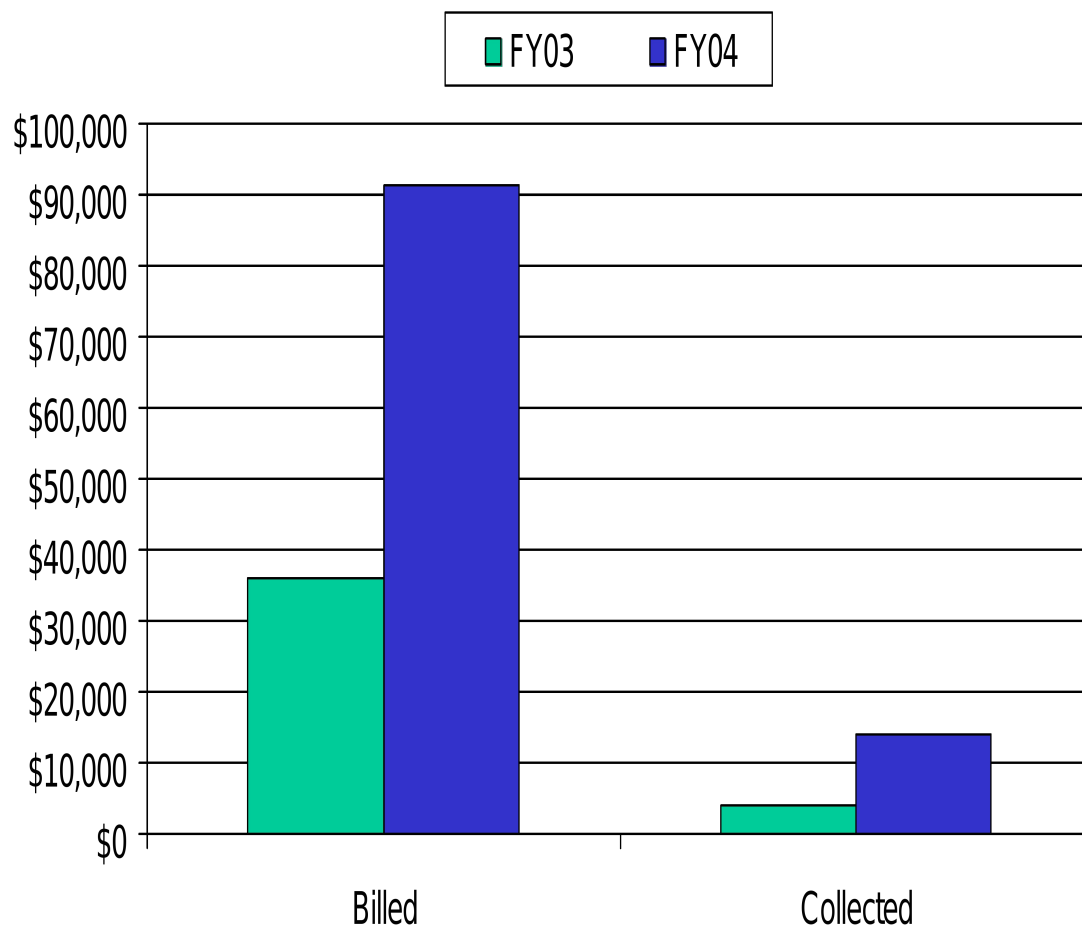
Goals:

RVUs: 2,190 total or
183 RVUs/mo

Inpatient: ~ 12

Disp/mo

Neurosurgery Reimbursements FY03 vs. FY04



- Billing up 155%
- Collections up 237%
- Rate of collections on the \$
• FY03: 0.12
• FY04: 0.16

Neurosurgery

Next Steps

- Step 2
 - Follow-up: TBD
- Step 3
 - Projected WHMC/BAMC Brief: May 05



Integrity - Service - Excellence

Clinic

Clinic Initiatives

- Initiatives
 - Combined flight with Plastic Surgery (MCSK) to share resources
 - Excellent customer service with live person reachable when calling clinic at all times during duty hours
 - Shadow files on all patients for periodic coding review and continuity of care
 - Consults reviewed and triaged daily
 - Patients are booked in neurosurgery clinics directly by office staff to minimize conflicts

Clinic

Clinic Issues/Requirements

- Problems
 - Shared resources with plastic surgery
 - Lack of dedicated neurosurgery support
 - Intraoperative electrophysical monitoring
 - Neurosurgery manning crisis
 - Minimum of 3 neurosurgeons at WHMC needed at all times to maintain elective case load, Level I trauma responsibilities, and GME